Environmental Services Division

BROOKHAVEN NATIONAL LABORATORY Building 120 P.O. Box 5000 Upton, NY 11973-5000 Phone 631 344-8370 Fax 631 344-6079 cunniff@bnl.gov

managed by Brookhaven Science Associates for the U.S. Department of Energy

www.bnl.gov

July 18, 2002

Mr. Robert Desmarais
Director, Project Management Division
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for June 2002 REFERENCE: Letter from Robert Desmarais to Cunniff dated June 28, 2002

Included as Attachment I, please find the DMR for the month of June 2002. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, III, and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 002B, 003, 005, 006A, and 006B are therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of June 2002.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than July 28, 2002. If there are any questions regarding the information

contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166. In addition to the pre-printed DMR, we are providing a duplicate computer generated DMR for review by the NYSDEC. Duplicate DMRs will be submitted to the NYSDEC for approval before transitioning to providing the computer generated DMR instead of the pre-printed one.

Sincerely,

Lori Cunniff, CEP Division Manager

LEC/MA:cr

Attachment I: Discharge Monitoring Report for June 2002.

Attachment II: Analytical Results from H2M Labs for samples collected on 6/3/02, 6/5/02, and

6/7/02 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A,

001B, 001D, 002, 002B, 005, 006A, 006B, 008, and 010.

Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls

001F, 002, 002B, 005, 006A, and 006B.

Attachment V: Computer generated Discharge Monitoring Report for June 2002.

M. Baldwin w/attachments w/attachments M. Allocco cc: w/attachments W. Chaloupka M. Bebon w/o attachments w/o attachments S. Dierker L. Cunniff w/o attachments w/attachments J. Higbie G. Granzen w/o attachments R. Lee w/attachments C. Johnson w/o attachments D. Lowenstein w/o attachments w/o attachments E. Lessard w/o attachments A. Queirolo E. Murphy w/attachments T. Sheridan w/o attachments V. Radeka w/o attachments M. Wood w/o attachments D. Van Duyne w/attachments

EC62ER.02

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for June 2002 Discharge Monitoring Report Notes:

- 1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
- 2. The reported concentration was estimated by the analytical laboratory.
- 3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 5. Photographic rinse waters discharged from Building 197B, are generated by two individual photographic processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

Location	Flow	pН	Total Nitrogen	Cyanide	Silver	Phenolics
1-87	17.4 GPD	7.2 SU	28.2 mg/L	< 10 μg/L	33.6 μg/L	30.9 μg/L
1-93B	87.7 GPD	6.1 SU	1870 mg/L	< 10 μg/L	11.4 μg/L	< 5.0 μg/L
Total Flow	105.1 GPD					

- 6. PCBs were not detected at a method detection limit of 0.065 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
- 7. The Water Treatment Plant backwash system operated mostly on weekends during the first two weeks of June and then did not operate for the reminder of the month. An attempt was made to collect the regulatory sample for pH but due to operational problems, the collection could not be completed.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JUNE 2002 FOR OUTFALLS NO. 001 – 010

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

NAME U S D C E
ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN NATIONAL LABORATURY

RROOKHAVEN AREA OFFICE

NY0005835

PERMIT NUMBER

DISCHARGE NUMBER

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(SUBR 01) F - FINAL ACTD/CAUSTIC CLEANG RINSE 535B

FACILITY BROCKHAVEN NATIONAL LABORATURY LOCATION UPTON NY 11973

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM

SEE PERMIT FOR ABBITIONAL NOTES, COMMENTS AND REQUIREMENTS

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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different)

ADDRESS BROOKHAVEN NATIONAL LABORATORY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY 0005835 PERMIT NUMBER

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NOTE: Read instructions before completing this form

BROOKHAVEN AREA OFFICE

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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-SEE PERMIT-FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UP TON NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 **PERMIT NUMBER**

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BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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-SEE PERMIT-FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-00045

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ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

> UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UP TON NY 11973 NY0005835 PERMIT NUMBER

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FACILITY BROOKHAVEN NATIONAL LABORATORY

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BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 001 F

PERMIT NUMBER

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*** NO DISCHARGE | ***
NOTE: Read instructions before completing this form

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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICEN pre	rtily under penalty of law that pared under my direction or s	pervision in accordance wit	th a system design	ned				T	ELEPHO	VE		DATE	
Mr. Frank Crescenzo Acting Area Group Mana	ger sub	soure that qualified personnel mitted. Based on my inquiry o those persons directly responsib mitted is, to the best of my kn	of the person or persons who ble for gathering the information owledge and belief, true, acc	o manage the syst ation, the inform curate, and comp	e system,			344-3	424					
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS,

PERMITTE	E NA	ME	ADD	RES	S (Include Facility Name/Location (f Different)	
NAME	u	S	D	0	F	

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UP TON NY 11973

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER 001 F DISCHARGE NUMBER

BER F

 MAJOR (SUBR 01) F - FINAL

COOLING TOWER WIR & BLOWDN 902

*** NO DISCHARGE | ***
NOTE: Read instructions before completing this form

ATTN: GEORGE MALOSH,	GROUP MG	R	t				NOTE: Read inet	uctions befor	e com	pleting this	form.
PARAMETER		QUA	ANTITY OR LOADIN	IG	QUAL	ITY OR CONCENTE	RATION		NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that the dunder my direction or sup	ervision in accordance with	a system decion	ed			TELEPHO	NE	D	ATE
Mr. Frank Crescenzo Acting Area Group Manag	to essure to ess	t that qualified personnel pr ed. Based on my inquiry of persons directly responsible	roperly gather and evaluate the person or persons who s for gathering the informa-	the information manage the syste	m,			621 2//	2/0/		
TYPED OR PRINTED	I am av	ed is, to the best of my know are that there are significan ig the possibility of fine and	viedge and belief, true, acci i penalties for submitting f	rate, and comple size information.	te. SIGN/	ATURE OF PRINCIPAL FICER OR AUTHORIZE	EVERITARE	631 344-		 -	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS

-SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

01296/12196051-pp.9407m.

USDOE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835 **PERMIT NUMBER**

001 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWTR RNOFF

BROOKHAVEN AREA OFFICE UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION GENERAL

ADDRESS BROOKHAVEN NATIONAL LABORATORY

ACILITY BROOKHAVEN NATIONAL LABORATORY OCATION UPTON NY 11973 FROM 02 06 01 TO 02 06 30 *** NO DISCHARGE ***									
	FROM 02			06 30 **	** NO DISC	HARGE	1	***	
GR	· · · · · · · · · · · · · · · · · · ·			N	OTE: Read Instru	ctions befor	• comp	leting this	form.
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uding the possibility of fine and	d imprisonment for knowing				EXECUTIVE A	REA NUMB	ER	YEAR	MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIDACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB S.

PERMITTE	E N/	ME	/ADI	DRES	S (Include Fecility Name/Location (f D(fferent)
NAME	U	S	D	0	E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 **PERMIT NUMBER**

001 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWTR RNOFF

UPTON NY 11973 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY

LOCATION UP TON	N	Y 11973	FROM 02	06 0	1 10 102	06 30 *	** NO DISC	CHARGE	1	***	
ATTN: GEORGE MALOSH,	GROUP MG	R	<u> </u>			N	IOTE: Read instru	ictione befor	• com	pleting this	form.
PARAMETER		QUA	NTITY OR LOADIN	IG .	QUALI	ITY OR CONCENTR	ATION		NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5	(19)	0	03/30	24
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COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	****		****	*****	0.044	(19		03/30	24
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IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	****	0.20	(19		03/30	24
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SILVER, TOTAL See Note AS AG) 1	SAMPLE MEASUREMENT	<u> </u>	*****		****	****	0.0029	(19	0	03/30	24
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NAME/TITLE PRINCIPAL EXECUTIVE	prepare	y under penalty of law that t ed under my direction or sup	ervision in accordance with	a system design	ed			TELEPHO	NE	D.	ATE
Mr. Frank Crescenzo	submit	re that qualified personnel p ted. Based on my inquiry of	the person or persons who	manage the syste	ım.		1				
Acting Area Group Manag	(CT submitt	e persons directly responsible led is, to the best of my know	wledge and belief, true, accu	irale, and compl	ele.		6 3	31 344-3	424		
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MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDDE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.__APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB.S. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS BROUKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

NY 11973 UPTON FACILITY BROOKHAVEN NATIONAL LABORATORY

NY0005835 **PERMIT NUMBER** DISCHARGE NUMBER

001 M

	MONITORING PERIOD											
	YEAR		DAY		YEAR	МО	DAY					
FROM	02	06	01	то	02	06	30					

MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWTR RNOFF

*** NO DISCHARGE 1 1 ***

OCATION UP TON		NY 11973	FROM 02	06 0	1 10 02		** N() DISC IOTE: Read instru				form.
ATTN: GEURGE MALUSH, PARAMETER	GROUP MI	1	ANTITY OR LOADIN	G	QUALI	TY OR CONCENTR	ATION		NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	WATA 212	TYPE
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LOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMEN	0.51	0.71	(03)	*****	*****	*****	*	0	99/99	RC
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AME/TITLE PRINCIPAL EXECUTIVE Mr. Frank Crescenzo Acting Area Group Manas	OFFICER Preparent to assort the submit	ly under penalty of law that is red under my direction or au are that qualified personnel justed. Based on my inquiry one persons directly responsibilited is, to the best of my known that is the best o	pervision in accordance with properly gather and evaluate If the person or persons who he for gathering the informative wiedge and belief, true, acc	h a system design t the information manage the syst- tion, the information, urate, and compi	em, ition			TELEPHO 631, 344			ATE
TYPED OR PRINTED Jam aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE NUMBER YEA								YEAR	MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDDE ORDER 5400.5.__APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB.S.

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PERMITTE	E NA	AME.	/ADI	DRES	S (Inche	le Fecility No	ma/Location	n if Different)
NAME	U	S	D	O	E			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

FROM 02 06 01 TO 02 06

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N 1	10005	<i>ሽ</i>	
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YEAR MO DAY

001 M DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWTR RNOFF

*** NO DISCHARGE 1 1 ***

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION HPT (IN

TTTIL SEED SE HAL SELL		IY 11973	FROM 02	06 0	1 10 02	06 30 *	** NO DIS IOTE: Read inet	CHARGE	!		in dans
ATTN: GEORGE MALOSH,	GRUUP MG		NITTY OF LOAD!					ucuone belor		FREQUENCY	
PARAMETER			ANTITY OR LOADIN			ITY OR CONCENTR	ATION		NO.	OF ANALYSIS	SAMITE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALISIS	
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(28)	0	03/30	GR.
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		*** ****	****		DATLY	* /41			/GRAB
BOD, 5-DAY PERCENT	SAMPLE MEASUREMENT	*****	*****		> 93	*****	****			01/30	CA
81010 K O O PERCENTREMOVAL	PERMIT REQUIREMENT			*** ****	HO AV HN			PER-		腦甚	CALCI
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 92	*****	****	* (23)	1	01/30	CA
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NAME/TITLE PRINCIPAL EXECUTIVE		ly under penalty of law that red under my direction or su			ed .			TELEPHO	NE		DATE
Mr. Frank Crescenzo Acting Area Group Manag	submi or the submi	are that qualified personnel p tted. Based on my inquiry o se persons directly responsib tted is, to the best of my kno	f the person or persons who le for gathering the informa wiedge and belief, true, acc	manage the systemation, the information urate, and complete the comple	em, tion ete.			631 ₁ 344-	-3424		
TYPED OR PRINTED	Jama	ware that there are significal ling the possibility of fine and	nt penalties for submitting t	aise information,	SIGN	ATURE OF PRINCIPAL FICER OR AUTHORIZI	EXECUTIVE D AGENT	AREA NUMB			MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDDE INCL BUT NOT LIMITED TO USDOE GROER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.

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USDOE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835

0.10 DISCHARGE NUMBER

06

MAJOR (SUBR 01) F - FINAL

30

PROCESS SANIT EFFL & STORMWTR

*** NO DISCHARGE

ADDRESS BROOKHAVEN NATIONAL LABORATORY PERMIT NUMBER BROOKHAVEN AREA OFFICE UPTON NY 11973 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR МО DAY LOCATION LIP TON **FROM** 02 01 TO 02 NY 11973

NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR FREQUENCY NO. SAMPLE QUALITY OR CONCENTRATION QUANTITY OR LOADING PARAMETER EX TYPE ANALYSIS UNITS MAXIMUM UNITS MINIMUM **AVERAGE MAXIMUM AVERAGE** SAMPLE ***** (28 *** **** **** **POLYCHLORINATED <** 0.065 03/90 GR MEASUREMENT BIPHENYLS (PCBS) QTRLY GRAB PERMIT REPORT 39516 1 0 0 REQUIREMENT DAILY HX UG/L Carried St. C. Law 120 Salvate and the salvate *** EFFLUENT GROSS VALU SAMPLE See Note 6 MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT · PERMIT REQUIREMENT **TELEPHONE** DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, Mr. Frank Crescenzo or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631 | 344-3424 Acting Area Group Manager SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information, NUMBER YEAR МО DAY OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PCB ANALYSIS TO USE EPA METHOD 608 WITH AN HOL GOAL OF 0.065 PPB PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different) USDOF

UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835

002 B DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

RF(1004) & BRAHMS(1002) BLOWDN

*** NO DISCHARGE | | ***

PERMIT NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 TO 06 01

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION LIPTON NY 11973 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR **PARAMETER** FREQUENCY QUANTITY OR LOADING NO. **QUALITY OR CONCENTRATION** SAMPLE EX **TYPE** ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM AVERAGE **MAXIMUM** UNITS SAMPLE PH ***** **** **** (12) MEASUREMENT 8.4 8.4 01/30 GR PERMIT 00400 1 0 0 REPORT 9.0 BNCE! GRAB REQUIREMENT 章 经制额 No. EFFLUENT GROSS VALUE *** MAXIMUM SU HONT SAMPLE DIL & GREASE ***** ***** **** (19) MEASUREMENT **<** 5.0 01/30 GR PERMIT 00556 1 O n DNCE GRAB REQUIREMENT EFFLUENT GROSS VALU **** MG/L HONT FLOW. IN CONDUIT OR SAMPLE (03)**** ***** ***** THRU TREATMENT PLANTMEASUREMENT 0.00001 04/30 RC 50050 1 0 0 PERMIT REPORT ONCE/ REGRO EFFLUENT GROSS VALUEREQUIREMENT DAILY MX MGD HONTH **** See Note3 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT. REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, Mr. Frank Crescenzo or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Acting Area Group Manager 631 | 344-3424 I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. NUMBER OFFICER OR AUTHORIZED AGENT YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NY 11973

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE

QF

USDOF

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UP TON NY 11973

MONITORING PERIOD

FROM 02 06 01 TO 02 06 30

YEAR MO DAY

NY0005835 002 M PERMIT NUMBER

DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

AGS NON-C COOLNG, PRCP, ETC (HN)

*** NO DISCHARGE |__| ***

ATTN: GEORGE MALOSH	GROUP N	IGR	1.10	00 0	<u> </u>	99 39	NOTE: Read Instr	ructions befor			• form.
PARAMETER		QU	ANTITY OR LOADIN	IG .	QUA	ALITY OR CONCENTE	RATION		NO.	FREQUENC'	SAMILE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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OIL & GREASE	SAMPLE MEASUREMEN	*****	*****		****	* *****	<5.0	(19)	0	01/30	GR
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NAME/TITLE PRINCIPAL EXECUTIVE	Pricen pr	ertify under penalty of law that pared under my direction or s	spervision in accordance wit	h a system desig				TELEPHO	NE		DATE
Mr. Frank Crescenzo	901	assure that qualified personnel imitted. Based on my inquiry (those persons directly responsi	of the person or persons who	manage the syst	tem,						
Acting Area Group Manag	ger su	emitted is, to the best of my kn m aware that there are signific	owledge and belief, true, account penalties for submitting	rurate, and comp false information	slete.	GNATURE OF PRINCIPA	L EXECUTIVE	631 344			
TYPED OR PRINTED Including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT						AREA NUME	BER	YEAR	MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS.

SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES

WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

01303/dbi6ises-proform.

PERMITTE	E NA	ME	/ADD	RES	S (Include Facility Name/Location if Different)
NAME	U	S	D	0	E

UPTON

BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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	rent	VII I I	www	364

002 0 DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

AGS NON-C COOLG.PRECP ETC(HN)

*** NU DISCHARGE

ADDRESS BROOKHAVEN NATIONAL LABORATORY NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

MONITORING PERIOD YEAR MQ DAY YEAR MO DAY **FROM** 02 011 TO 06

LOCATION LIP TON NY 11973 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR PARAMETER FREQUENCY QUANTITY OR LOADING NO. **QUALITY OR CONCENTRATION** SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM UNITS **AVERAGE MAXIMUM** ALUMINUM, TOTAL SAMPLE ***** **** ***** ***** (19 MEASUREMENT See NoteAS AL) 1 0.04 01/90 GR PERMIT 01105 1 0 1 ***** 2.0 QTRLY GRAB REQUIREMENT EFFLUENT GROSS VALU *** DAILY HX MG/L 13.15 SAMPLE CHLOROFORM ***** **** ***** ***** (28 MEASUREMENT < 1 01/90 O GR 32106 1 0 0 PERMIT of visitor. GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILYINX UG/L 1.1.1-TRICHLORG-SAMPLE **** ***** ***** **** (28 MEASUREMENT ETHANE < 1 01/90 34506 1 0 PERMIT 0 李章李章章 *** ***** ***** ### ##**5** GRAB REQUIREMENT EFFLUENT GROSS VALUE **** DAILY UG/L BROMODICHLOROMETHAND SAMPLE ***** **** ***** **** (28 MEASUREMENT EFFLUENT <1 01/90 GR 38693 1 PERMIT 0 0 ***** ***** **** 50 OTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE **** DAILY MX UG/L 1-HYDROXY-ETHYLTDEN SAMPLE ***** ***** ***** ***** (19 MEASUREMENT 0.07 01/90 GR PERMIT 85812 1 0 Ω **** ***** ***** ***** 0.5 QTRLY GRAB EFFLUENT GROSS VALUEREQUIREMENT *** DAILY HX MG/L 3.12 TOLYTRIAZOLE SAMPLE ***** ***** ***** **** (19 **MEASUREMENT** < 0.005 01/90 GR 85813 1 0 PERMIT 本本本本本本 ***** 0.2 QTRLY GRAB EFFLUENT GROSS VALUEREQUIREMENT *** DATLY MX MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** prepared under my direction or supervision in accordance with a system designed DATE to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, Mr. Frank Crescenzo or those persons directly responsible for gathering the information, the information Acting Area Group Manager submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631_B44-3424 I am aware that there are significant penalties for submitting false information. SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

<u>- SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTR</u> EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 01304/3bisiso4-pan form.

HSDNF

NAME

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835 PERMIT NUMBER

002 R DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

RF(1004) & BRAHMS(1002) BLOWDN

BROOKHAVEN AREA OFFICE HPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION LIDEON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

	NY 11973	FROM U2	MO DA	AY TO YEAR 01 TO 02	06 30 *	** NO DIS			***	lorm.	
ATTN: GEORGE MALUSH, GROUP M PARAMETER	1	ANTITY OR LOADIN	IG	QUAL	ITY OR CONCENTR		·	NO.	FREQUENCY		MPLE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TY	/PE
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NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER prep	iily under pënalty of law that ared under my direction or su	pervision in accordance wil	ih a system desig				TELEPH	ONE	'	DATE	
Acting Area Group Manager	sure that qualified personnel altied. Based on my inquiry o ose persons directly responsib altied is, to the best of my kn	if the person or persons who de for gathering the informa- owledge and belief, true, acc	manage the sys ation, the inform curate, and comp	stem, nation piete.			631 ₁ 344	-3424			
lam	aware that there are significated in the possibility of fine and	nt penalties for submitting d imprisonment for knowing	false information	n, SIGN	IATURE OF PRINCIPAL FFICER OR AUTHORIZ		- KF	1BER	YEAR	МО	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC RING. ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED.

PERMITTE	E NA	AME.	/ADI	DRES	S (Include Facility Name/Location if D(forent)
NAME	U	5	D	0	E

UPTON

LOCATION UP TON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER 005 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

NSLS COOLING TOWN BLDN ETC(HS)

*** NO DISCHARGE | ***

NOTE: Read instructions before completing this form

PARAMETER		QU/	ANTITY OR LOADIN	G	QUAL	ITY OR CONCENTR	ATION		NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE	prepar	y under penalty of law that i ed under my direction or su	pervision in accordance with	a system design	red			TELEPHO	NE	D	ATE
Mr. Frank Crescenzo Acting Area Group Mana	er these submit submit	re that qualified personnel p ted. Based on my inquiry of e persons directly responsible ted is, to the best of my kno	the person or persons who le for gathering the informa wiedge and belief, true, acc	manage the systements of the systement of the information of the system	em, illon ete.		6	31 ₁ 344–:	3424		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (/ Different) NAME 7 7 7 7 7

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 **PERMIT NUMBER**

005 0 DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

NSLS COOLG TOWN BLOWDN ETC(HS)

*** NO DISCHARGE |___

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

MONITORING PERIOD YEAR MO DAY FROM 02 04

LOCATION UPTON NY 11973 01 02 TO NOTE: Read Instructions before completing this form. ATTN: GEORGE MALDSH. GROUP MGR FREQUENCY QUANTITY OR LOADING NO. SAMPLE PARAMETER QUALITY OR CONCENTRATION EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE COPPER, TOTAL **** ***** ***** **** (19 0.008 01/90 GR MEASUREMENT (AS CU) See Note 1 PERMIT 01042 1 0 0 120 GRAB REQUIREMENT A CONTRACTOR DALLY HX EFFLUENT GROSS VALU *** MG/L SAMPLE 1-HYDROXY-ETHYLIDEN ***** (19 ***** **** **** < 0.05 01/90 GR MEASUREMENT PERMIT 0.5 85812 1 0 0 QTRLY GRAB REQUIREMENT DATLY HX EFFLUENT GROSS VALU **** MG/L SAMPLE ***** (19 TOLYTRIAZOLE *** ***** ***** <0.005 01/90 MEASUREMENT 85813 1 0 O PERMIT 0.2 GRAB REQUIREMENT DAILY HX EFFLUENT GROSS VALUE MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, Mr. Frank Crescenzo or those persons directly responsible for gathering the information, the information Acting Area Group Manager submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631 344-3424 SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information. NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (/ Different) NAME

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

UPTON NY 11973 FACILITY BROOKHAV LOCATION UP TON

NY0005835 PERMIT NUMBER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

007 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

WATER TREATMENT PLT BKWSH (HX)

*** NO DISCHARGE |__ | ***

ALTE MATERIAL I	ABBRATORY						PERIO		
VEN NATIONAL L			YEAR	МО	DAY		YEAR	МО	DA
	NY 11973	FROM	02	06	01	TO	02	06	-
MALOSH GROUP	MGR	•				•			

PARAMETER		QUA	ANTITY OR LOADIN	IG	QUALI	TY OR CONCENTR	ATION		110.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
FLOW RATE	SAMPLE MEASUREMENT	*****	240000	(07)	****	*****	*****		0	31/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT. REQUIREMENT	*****	REPORT	GPD				****		ONCE/	
PH See Note 7	SAMPLE MEASUREMENT	*****	****			*****		(12)			AND THE COMMANDES
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NAME/TITLE PRINCIPAL EXECUTIVE	prepare	y under penalty of law that t ed under my direction or suj	pervision in accordance witi	h a system design	ed			TELEPHON	IE	Di	ATE
Mr. Frank Crescenzo Acting Area Group Manag	er these	re that qualified personnel p ted. Based on my inquiry of e persons directly responsible ted is, to the best of my kno	the person or persons who le for gathering the informa wiedge and belief, true, acc	manage the syste tion, the informa urate, and compi	m, tion		6	31 ₁ 344-3	3424		
TYPED OR PRINTED	includi	ware that there are significar ng the possibility of fine and	nt penalties for submitting ! Imprisonment for knowing	alse information, violations.		ATURE OF PRINCIPAL FICER OR AUTHORIZE		NUMBE			MO DA

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

9F

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

USDCE ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UP TON

NY 11973

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

01 TO

NY0005835 **PERMIT NUMBER**

YEAR MO DAY

06

02

FROM

003 M DISCHARGE NUMBER

06

YEAR MO DAY

02

30

(SUBR 01) F - FINAL

MAJOR

STORMWTR RUNOFF WAREHOUSE (HW)

*** NO DISCHARGE

ATTN: GEORGE MALOSH	GROUP ME	R					IOTE: Read inet	ructions befor	o com	pleting this	form.
PARAMETER			ANTITY OR LOADIN	IG	QUAL	ITY OR CONCENTE	ATION		NO. EX	OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-	ANALYSIS	TYPE
FLOW RATE See Note 4	SAMPLE MEASUREMENT	*****	98000	(07)	****	****	****	*	0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		REPORT	GPD				****		ONCE!	
PH	SAMPLE MEASUREMENT	*****	*****		7.9	*****	7.9	(12)	0	01/30	
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34506 1 0 0 EFFLUENT GROSS VALUE		****		****	*****	*****	DAILY			ONCE	
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	PERMIT REQUIREMENT						**************************************	(a) (b) (c)			
Mr. Frank Crescenzo	prepare to assur	under penalty of law that if d under my direction or sup e that qualified personnel pr ed. Based on my inquiry of	ervision in accordance with operly gather and evaluate	a system designe				TELEPHON	IE	D	ATE
Acting Area Group Manag	er those	persons directly responsible ed is, to the best of my know are that there are significant	for gathering the informati riedge and belief, true, accu	ion, the informat rate, and comple	ion le.	ATURE OF PRINCIPAL		531 344-3	424		
TYPED OR PRINTED	Includir	ig the possibility of fine and	imprisonment for knowing	violations.		FICER OR AUTHORIZE	D AGENT	REA NUMBE	R	YEAR I	MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) NAME

USDOE

ADDRESS BROUKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE UPTON

NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION CONTROL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835 **PERMIT NUMBER**

YEAR MO DAY

008 Q DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

SW RUNOFF FROM WAREHOUSE AREA

PARAMETER		QUA	NTITY OR LOADIN	G	QUAL	TY OR CONCENTR	ATION			FREQUENCY OF	SAMPLE
·		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
ALUMINUM, TOTAL See Noteas al) 1	SAMPLE MEASUREMENT	*****	****		*****	*****	0.1	(19)		01/90	GR
01105 1 0 0 E <mark>ffluent Gross Valu</mark> i				***			DAILY H	MG/L		OFRLY.	
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								$\hat{x}_{\hat{p}_0}$. 7.25	
NAME/TITLE PRINCIPAL EXECUTIVE	prepar	y under penalty of law that t ed under my direction or suj re that qualified personnel p	ervision in accordance with	a system desig	ned			TELEPHO	NE	D.	ATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

including the possibility of fine and imprisonment for knowing violations.

YEAR

MO

DAY

NUMBER

OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

PERMITTE	E NA	ME	/ADI	RES	S (Include Facility Name/Location (f Different)
NAME	11	5	n	0	E

UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

BROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005	835
	NUMBER

010 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

STORMWTR R O CENTRAL STEAM (H)

*** NO DISCHARGE |

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 06 01 06

LOCATION LIP TON NY 11973 NOTE: Read instructions before completing this form. ATTN: GEURGE MALOSH. GROUP MGR FREQUENCY NO. **PARAMETER** QUANTITY OR LOADING QUALITY OR CONCENTRATION SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM MAXIMUM UNITS **AVERAGE** SAMPLE **** **** FLOW RATE **** (07)***** 56000 01/30 TN MEASUREMENT See Note 4 PERMIT 00056 1 0 0 REPORT ONCE/ REQUIREMENT EFFLUENT GROSS VALU ADAILY MX GPD HONTHALL *** SAMPLE (12 PH ***** 7.3 7.3 01/30 GR MEASUREMENT PERMIT 0 0 REPORT 8-8-5 00400 1 ONCE GRAB REQUIREMENT EFFLUENT GROSS VALU *** HAXIHIM SU **WITH A** DIL & GREASE SAMPLE (19 **<** 5.0 01/30 GR MEASUREMENT PERMIT 00556 1 0 ** - (15 ONCE GRAB EFFLUENT GROSS VALUEREQUIREMENT *** DAILY HZ MG/L HOME SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, Mr. Frank Crescenzo or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Acting Area Group Manager 631,344-3424 I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE including the possibility of fine and imprisonment for knowing violations. NUMBER TYPED OR PRINTED YEAR MO OFFICER OR AUTHORIZED AGENT DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different)

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

FROM 02 04 01 TO 02 06 30

NY0005835 **PERMIT NUMBER**

YEAR MO DAY

010 0 DISCHARGE NUMBER

YEAR MO DAY

(SUBR 01) F - FINAL

MAJOR

SW RUNOFF FROM CENTRAL STM (H)

*** NO DISCHARGE | ***

ATTN: GEORGE MALOSH,	GROUP MG	R	· · · · · · · · · · · · · · · · · · ·				N	IOTE: Read inc	tructio	e before		leting th	le form.
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NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that it d under my direction or suj e that qualified personnel p	pervision in accordance with	a system design	æd				TE	LEPHON	1E		DATE
Mr. Frank Crescenzo Acting Area Group Manage	or those	ed. Based on my inquiry of persons directly responsible ed is, to the best of my kno	the person or persons who e for gathering the informat wiedge and belief, true, accu	manage the systements of the systement of the information of the system	em, illon lete.				631	344-:	3424		
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MONITORING PERIOD

011 TO

Form Approved. OMB No. 2040-0004

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ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UP TON NY 11973

NY0005835 PERMIT NUMBER

YEAR MO DAY

06

02

FROM

OGA M DISCHARGE NUMBER

YEAR MO DAY

021

06

30

MAJOR (SUBR 01) F - FINAL

LINAC NCCW, FLOUR DNS, ETC(HT1)

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

ATTN: GEORGE MALOSH,	GROUP MG	R	1			· · · · · · · · · · · · · · · · · · ·	IOTE: Read Instru	ictions before	comp	leting this	form.
PARAMETER			NTITY OR LOADIN	G	QUAL	ITY OR CONCENTR	ATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE		ly under penalty of law that red under my direction or su			ned			TELEPHO	NE	'	DATE
Mr. Frank Crescenzo Acting Area Group Mana	submi	ire that qualified personnel ; ited. Based on my inquiry o se persons directly responsib ited is, to the best of my kno	f the person or persons who le for gathering the inform	manage the sys ation, the inform	tem, ation			631 ,344-	-3424	.	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (/ Different) USDOE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835 **PERMIT NUMBER**

МО

04

DAY

01

YEAR

02

FROM

06A Q DISCHARGE NUMBER

YEAR MO DAY

06

30

02

MAJOR (SUBR 01) F - FINAL

LINAC	NCCH,	FLOOR	DNS,	SW(HT1

*** NO DISCHARGE |__| ***

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UP TON NY 11973

ATTN: GEORGE MALOSH,	GROUP MG	R					IOTE: Read instr	uctions befor	o com	pleting this	form.
PARAMETER		QUANTITY OR LOADING			QUALI	ATION		NO.	FREQUENCY	SAMPLE	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my differention or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in accordance with a system designed in second and all attachments were prepared under my differentiation or supervision in accordance with a system designed in accordance with a system d						TELEPHO	ΝE	D.	ATE		
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TYPED OR PRINTED I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA NUMBE	R	YEAR 1	MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

BROOKHAVEN AREA OFFICE

USDOE

UPTON

LOCATION 11P TON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

01

I Office White ages OMB No. 2040-0004

NY0005835

06

06B M DISCHARGE NUMBER

YEAR MO DAY

02

MAJOR (SUBR 01) F - FINAL

COOLING TOWN FROM 919 ETC(HT2)

*** NO DISCHARGE NOTE: Read instructions before completing this form.

PERMIT NUMBER MONITORING PERIOD МО YEAR DAY

02

FROM

ATTN: GFORGE MALOSH, GROUP MGR FREQUENCY NO. SAMPLE QUALITY OR CONCENTRATION PARAMETER QUANTITY OR LOADING EX **TYPE** ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE **** **** (12) **** 8.0 04/30 GR PH 7.6 MEASUREMENT PERMIT 940 ONCE! GRAB ***** REPORT ***** 00400 0 - 0 1 REQUIREMENT SU HONTI **** MINIMUM MAXIMUM State of the second EFFLUENT GROSS VALUE SAMPLE ***** (19 **** ***** DIL & GREASE **<** 5.0 01/30 GR MEASUREMENT GRAB PERMIT ***** ONCE/ ***** 1 O ***** 00556 MONTH AT SA REQUIREMENT **新** 1 60 DAILY HX MG/L **EFFLUENT GROSS VALU** *** 40440 **建设设施** SAMPLE FLOW, IN CONDUIT OR ***** (03)**** ***** THRU TREATMENT PLANTMEASUREMENT 0.2 04/30 RC ONCE / RCORD PERMIT REPORT 50050 1 0 1 EFFLUENT GROSS VALUEREQUIREMENT *** HONTH DAILYAAV MGD SAMPLE See Note 3 MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Acting Area Group Manager

TYPED OR PRINTED

i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE 631 344-3424 SIGNATURE OF PRINCIPAL EXECUTIVE NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE MEASUREMENT PERMIT REQUIREMENT

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) USDOE

ADDRESS BROOKHAYEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE**

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UP TON NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

01 TO

NY0005835 **PERMIT NUMBER**

YEAR MO DAY

04

02

FROM

068 0 DISCHARGE NUMBER

YEAR MO DAY

06

02

30

MAJOR (SUBR 01) F - FINAL

COOLG TOWRS FROM 919 ETC (HT2)

*** NO DISCHARGE |__| ***

ATTN: GEORGE MALOSH,	GROUP MG	R					NOTE: Read Instru	ections befor	• com	pleting this	form.
PARAMETER		QUANTITY OR LOADING		QUAL	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SVIAILE	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed			ned			TELEPHO	NE	D	ATE		
to assure that qualified personnel properly gather and evaluate the information Mr. Frank Crescenzo to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information				em, stion							
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS